

# NUTRITION SERVICES DIVISION MANAGEMENT BULLETIN

No.: 99-302

TO:	ADULT DAY CARE FOOD PROGRAM SPONSORS	ISSUE DATE:	JULY 1999
FROM:	ADULT DAY CARE FOOD PROGRAM		
ATTENTION:	FOOD PROGRAM AUTHORIZED REPRESENTATIVES, CENTER DIRECTORS, SOCIAL WORKERS, AND INTAKE PERSONNEL		
SUBJECT:	1999-2000 INCOME ELIGIBILITY GUIDELINES		
REFERENCE:	FEDERAL REGISTER VOLUME 64, NUMBER 63		

This bulletin disseminates the 1999-2000 household-size and income guidelines as issued by the United States Department of Agriculture.

Adult Day Care Food Program (ADCFP) sponsors are required by federal regulations to annually collect and certify information that is sufficient to establish the eligibility of all enrolled adults classified as free, reduced price, or base rate meal recipients. All participation/meal category eligibility information reported on the October 1999 Claim for Reimbursement form must be in accordance with the attached 1999-2000 federal guidelines. Agencies must keep the eligibility documentation for at least three years after the fiscal year in which it was reported.

If changes in meal categories occur due to recertification, a sponsor using the Fixed Claiming Method may choose to prepare a July eligibility roster and report the changes on the July Claim for Reimbursement form. If a sponsor is using the Fixed Claiming Method, reporting meal category changes before October is discretionary.

Sponsors who use the Actual Count Claiming Method need to prepare a new eligibility roster every month; therefore, the roster and claim for July must reflect all meal category changes.

Noncompliance with policies established by USDA, and required by Federal Regulations 7 CFR Part 226, could result in assessments of overclaim and/or termination of program participation.

If you have any questions regarding the eligibility requirements or the use of eligibility forms, please contact Ronna Jakobitz, Manager, ADCFP, at (916) 324-7133, (800) 952-5609, or e-mail [Rjakobit@cde.ca.gov](mailto:Rjakobit@cde.ca.gov).

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Marilyn Briggs, Director  
Nutrition Services Division  
Assistant Superintendent of Public Instruction

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Kathy B. Lewis  
Deputy Superintendent  
Child, Youth and Family Services Branch

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### ELIGIBILITY SCALE FOR FREE OR REDUCED PRICE MEALS

This scale is for determining the adult(s) eligibility for free or reduced price meals if they are NOT receiving Food Stamp, SSI, or MediCal (Medicaid) benefits. Participants from households with incomes **at or below the** following levels are eligible for free or reduced price meal benefits. Adults with incomes above the following levels are eligible for base rate meal benefits if they are otherwise eligible to participate in the Adult Day Care Food Program.

#### **INCOME ELIGIBILITY GUIDELINES JULY 1, 1999 THROUGH JUNE 30, 2000**

HOUSEHOLD SIZE*			GROSS INCOME					
			WEEKLY		MONTHLY		ANNUALLY	
			<i>FREE</i>	<i>REDUCED</i>	<i>FREE</i>	<i>REDUCED</i>	<i>FREE</i>	<i>REDUCED</i>
1	\$ 0 – 206	207 – 294			\$ 0 - 893	894 - 1,271	\$ 0 - 10,712	10,713 - 15,244
2	0 – 277	278 – 394			0 – 1,199	1,200 - 1,706	0 - 14,378	14,379 - 20,461
3	0 – 347	348 – 494			0 – 1,504	1,505 - 2,140	0 - 18,044	18,045 - 25,678
4	0 – 418	419 – 595			0 – 1,810	1,811 - 2,575	0 - 21,710	21,711 - 30,895
5	0 – 488	489 – 695			0 – 2,115	2,116 - 3,010	0 - 25,376	25,377 - 36,112
6	0 – 559	560 – 795			0 – 2,421	2,422 - 3,445	0 - 29,042	29,043 - 41,329
7	0 – 629	630 – 896			0 – 2,726	2,727 - 3,879	0 - 32,708	32,709 - 46,546
8	0 – 700	701 – 996			0 – 3,032	3,033 - 4,314	0 - 36,374	36,375 - 51,763
FOR EACH ADDITIONAL FAMILY MEMBER ADD . . .	+ 71	+ 101			+ 306	+ 435	+3,666	+5,217

**\*HOUSEHOLD INCLUDES THE ADULT PARTICIPANT AND, IF RESIDING WITH THE ADULT PARTICIPANT, SPOUSE AND ANY PERSONS WHO ARE ECONOMICALLY DEPENDENT ON THE ADULT PARTICIPANT.**

**THIS SCALE DOES NOT APPLY TO MEMBERS OF FOOD STAMP HOUSEHOLDS, OR RECIPIENTS OF SUPPLEMENTAL SECURITY INCOME (SSI) OR MEDICAID (MEDI-CAL) ASSISTANCE. THOSE ADULT PARTICIPANTS ARE CATEGORICALLY ELIGIBLE FOR FREE MEALS.**